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ABSTRACT

Although the possibility of a suicidal act cannot be predicted from any one variable, a disturbed relationship with parents has been described as one of the most important extrinsic factors contributing to a youth's risk for self-destructive behavior. This study sought to determine if it is possible to discriminate between groups (suicide-attempters, youth with high levels of suicide ideation, and youth with low levels of suicide ideation). Subjects (N=233) were high school students in 14 health classes who were surveyed during a two-day presentation on suicide. On the basis of responses, adolescents were divided into three groups: Suicide Attempters, High Suicide Ideation, and Low Suicide Ideation. A mailed questionnaire was completed by 103 parents. Finally, five families from the Attempters group, three from the High Ideators group, and five from the Low Ideators group participated in a computerized interview. Attempters described their homes even more positively than did low ideators. Attempters perceived the lowest amount of conflict between themselves and their parents. Attempters described family members as most encouraged to express both positive and negative feelings, while high ideators consistently perceived themselves as least encouraged to express their feelings. Parents described their families more positively than did adolescents. While 9.9% of students reported a previous attempt, 4.3% indicated that they thought about suicide frequently. Suicide attempters and their families were similar to low ideators in their descriptions of their homes as most cohesive and communicative and as least conflicted. There was a difference in the behavior of the attempters and their families during the interview, with these subjects approaching the task in a subdued and serious manner. In contrast, families of low ideators appeared to enjoy the interview. (ABL)

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THE FAMILY ENVIRONMENT OF SUICIDAL AND NONSUICIDAL YOUTH

by

Marilyn Coonelly

In the United States, adolescent suicide has increased 300% in the past twenty years, and currently ranks as the second leading cause of death (behind accidents) among fifteen to twenty-four year olds (National Center for Health Statistics, 1984). It is estimated that there are from 5 to 100 attempts for each completed act. Although the possibility of a suicidal act cannot be predicted from any one variable, a disturbed relationship with parents has been described as one of the most important extrinsic factors contributing to an youth's risk for self-destructive behavior (Lukianowicz, 1968). On the basis of existing literature, it seems reasonable to hypothesize that teens at risk for self-destructive behavior are more likely to come from families in which three dysfunctions have been noted. The first is a disturbance in familial cohesion (Barter, 1968; Bagley & Greer, 1972; Sabbath, 1971; Sanborn et al, 1973; Schrut, 1968; Senseman, 1969; Richman, 1971; Triolo, 1983;), ranging from a lack of cohesion (disengagement) to an overabundance of cohesion (enmeshment) (Minuchin, 1974). In a disengaged system, family ties are weak resulting in a sense of isolation and loss. In an enmeshed

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family, neither separation nor individuation is permitted. The second factor, conflict (a high level of hostility, aggression and rejection) is thought to characterize a wide variety of dysfunctional systems and has been widely cited as prevalent in families with a youth at risk for self-destructive behavior (Berkovitz, 1981; Cantor, 1976; Hendin, 1985; Hendin, 1987; Heillig, 1980; Robinson, 1983; Schrut, 1964; Topol & Reznikoff, 1982). Finally, a disturbance in communication often described as an inability to discuss problems with parents or friends is thought to contribute to a sense of isolation and hopelessness (Abraham, 1977; Bonner, 1987; Cantor, 1976; McIntire et al., 1977; Teicher & Jacobs, 1966).

There have, however, been few systematic studies of the families of suicidal adolescents. The majority of studies have employed either a clinical or emergency room population. Mattson et al. (1969) reports that there is a greater incidence of many types of long-standing family psychopathology as well as more symptomatic children among families seen in emergency rooms. Further, there is evidence that only 12% of those who attempt suicide come to medical attention (Gispert et al, 1985; Smith & Crawford, 1986; Wright, 1985).

Many of the conclusions in the literature have been based upon the adolescent's perceptions, with no input from other family members (Barter et al., 1968; Bagley & Greer, 1972;

Mattson et al., 1969). Studies that have included direct observations of family members have been based upon clinical observations and case studies, have tended to have a strong psychodynamic focus, and have not included empirical methodology or control groups (Haider, 1968; Jacobs, 1971; Sabbath, 1971; Schrut, 1968; Senseman, 1969).

A system's conceptualization of suicide suggests that the decision to put one's life at risk is a function of a maladaptive system. This view stresses the saliency of the context in which a behavior takes place. The structure of a system cannot be understood when input is from a single system member. Further, although an adolescent's perceptions provide valuable information, there is no reason to assume an isometric correspondance between the perspective of one individual and those of all family members (Haley, 1981; Minuchin, 1974; Olson, 1977; Watzlawick et al., 1964).

The present study has employed more empirical methodology, as well as a broader population, to determine if it is possible to discriminate between groups (suicide-attempters, youth expressing high levels of suicidal ideation, and teens indicating low levels of suicidal ideation) on the dimensions of cohesion, communication and conflict. Specifically, the following research questions were addressed:

For the three identified groups:

1. Are the groups significantly different on the perceived amount of cohesion within the family?

2. Are the groups significantly different on the perceived amount of conflict and the nature of conflict management within the family?

3. Are the groups significantly different on the perceived nature and reception of communication within the family?

4. Are the perceptions of parent, adolescent and observer congruent? Are the three groups different on the level of congruency?

5. What is the rate of suicide attempts and high ideation within a high school population?

A multi-measure approach was employed which utilized a combination of self-report and observational data.

Phase I

Students in fourteen Health classes in two Colorado high schools were surveyed during a two-day presentation on suicide. The survey included brief, demographic information, a scale to assess the level of suicidal ideation, and a 65-item assessment called the Self-Report of Family Functioning (SRFF) (Bloom & Lipetz, 1985).

On the basis of their responses, adolescents were divided into three groups: Suicide Attempters, High Suicidal Ideation, Low Suicidal Ideation. The questionnaire was then mailed to the youths' parents. A code number allowed matching of parent and student responses. Two hundred thirty-three students filled out questionnaires; 103 parents completed the same questionnaire; finally, three families from the high ideator's group, five families from the attempter's group, and five families from the low ideator's group participated in a computerized interview.

Hypothesis I: Cohesion

The hypothesized between-group difference in cohesion was not supported between attempters and low ideators. Rather, attempters described their homes even more positively than low ideators. Attempters perceived their families as providing the highest amounts of commitment, help and support (Cohesion), the most encouragement to form their own opinions and make their own decisions (Cohesion A), and the least prohibition to seek interaction and support outside of their families (Cohesion B). Parents of attempters described their family environment in a similar manner. On related individual subscales of external control and enmeshment, parents and families of attempters perceived family members as least externally controlled and enmeshed.

The hypothesized difference between groups was supported for adolescent high ideators and their parents. High ideators and their parents perceived their families as providing significantly less commitment, help and support (Cohesion), as well as less encouragement to form their own opinions (Cohesion A). They perceived their family members as significantly more enmeshed and externally controlled.

Hypothesis 2: Conflict

The hypothesized between-group difference in conflict level and style was not found for attempters and their parents. These youth and their parents perceived the least amount of anger, criticism and fighting (Conflict) within their families. Adolescent attempters perceived their families as the least authoritarian, while their parents described their homes as significantly more democratic and less laissez-faire.

The predicted differences between groups was supported for high ideators and their parents. When the three groups are compared, these youth and their parents described the greatest amount of anger, criticism and fighting within their families. High ideators perceived their families as highly authoritarian, while their parents described their homes as most laissez-faire and least democratic.

As a whole, families of attempters perceived their environment as significantly less conflicted and laissez-faire,

and more democratic than did families of high ideators. Families of high ideators perceived their homes as significantly less democratic than did families of low ideators. There were no significant differences between families of attempters and families of low ideators.

Hypothesis 3: Communication

Attempters described family members as most encouraged to express both positive and negative feelings, while high ideators consistently perceived themselves as least encouraged to express their feelings. Differences between groups were not significant for the combined subscale. Attempters, however, described members of their families as significantly more expressive than high ideators; high ideators perceived family members as significantly less expressive than low ideators.

There were no significant differences between groups based upon either parent or family perceptions.

Hypothesis 4: Congruence

Parent and adolescent scores were significantly different for the variables of: cohesion, communication A, conflict, expressiveness, idealization, disengagement, and laissez-faire style. As might be expected, parents described their families more positively. Even though parent and adolescent scores were significantly different, they were positively correlated.

With few exceptions (Cohesion A , external locus of control, disengagement, and authoritarian style), the greatest difference between parent and adolescent scores was for high ideators. Although parents in this group described their homes negatively, high ideating adolescents were even more negative in their perceptions. Due, perhaps, to the small cell size, the degree of difference between groups was not statistically significant.

Hypothesis 5: Rate of Attempts/Ideation

While 9.9% of the student population reported a previous suicide attempt, 4.3% indicated that they thought about suicide frequently, had a plan, and might take their life in the future. Another 7.8% of the adolescents indicated that they thought about suicide more than six times a year, with 39.2% of the youth indicating suicidal thoughts three times a year.

As a group, the majority of parents appeared to be unaware that their adolescent had attempted suicide and/or thought about or planned suicide. When cases were examined individually, few parents predicted their own teen's level of suicidality.

Phase II

The SRFF is the first part of a battery called the Colorado Family Checkup (Bloom & Lipetz, 1987). The second and

third parts of the checkup were employed in Phase II. In the second, family members were asked to provide their own impressions of parental child-rearing and to predict other family members' responses.

During the final portion of the interview, family members participated in an automated version of the Revealed Differences Technique (Strodtbeck, 1951). They were requested to make individual judgments on issues of concern and then to reconcile these differences by means of face-to-face interaction.

On the Child-Rearing scales, both adolescents and parents in the low ideators group described their families as extremely high in affection (communication); adolescents and parents in the suicide attempter's group perceived a moderate amount of affection in their families; adolescents and parents in the high ideators group described their families as least affectionate. Scores across groups for punitiveness (conflict) were similar, but adolescent high ideators described their families as most punitive, while adolescents and parents in the attempters group perceived their families as least punitive. All family scores for the variable of control (cohesion) were moderate.

Although suicide attempters and their families were similar to low ideators in their description of their homes as

most cohesive and communicative and as least conflicted, there was a difference in the behavior of the attempters and their families during the interview. Their observed behavior was similar to that of the high ideators and their families, with a severe restriction in spontaneous speech, reciprocal interaction and laughter. Families of both attempters and high ideators approached the task in a subdued and serious manner, with few comments and/or questions. By contrast, families of low ideators appeared to enjoy the process; there was a great deal of laughter and spontaneity. All of their conversations were reciprocal and often involved a series of interactions. All of the low ideators families asked a number of questions at the conclusion of the interview.

Discussion

A system's conceptualization has been employed to examine the family environment of suicide-attempting and non-attempting youth. Such a systemic view suggests that the decision to place one's life at risk is a function of the maladaptive system in which it is embedded. This perspective stresses the saliency of the context in which a behavior takes place. The structure of a system includes the perspectives of all members as well as the timing and setting of any observation. This study is unique in two ways. First, it has utilized a multi-

method approach, employing a combination of self-report by adolescent and parent, and the observations of an outsider. Second, the setting was a high school class--a more important and representative system for an adolescent than an emergency room or psychiatric clinic.

There are several possible weaknesses in the study. Responses may have been influenced by the fact that both adolescents and parents knew the topic of the study was suicide. The effects of this bias are mitigated by several factors. First, responses were anonymous. Second, most parents appeared to be unaware of either their teen's previous suicide attempts or of their present level of suicidal thought. Finally, adolescents and parents were told that much of the survey as well as the interview pertained to child-rearing practices.

External validity may be limited because of the small cell size for the attempters and high ideators groups (a continuing problem in research on suicide), as well as the small number of interviews. For this reason, it is necessary to use caution in the generalization of findings.

The results of the study support hypotheses in the literature of differences in the family environments of potentially suicidal and non-suicidal youth. As predicted, youth at risk for self-destructive behavior (high ideators) and

their parents had the least idealized view of their families. Members of these families described their home lives as highly conflicted and punitive and as providing little commitment, help and support. They saw themselves as more prohibited from forming their own opinions and from seeking interaction and support from others outside of the family.

An unexpected finding was the positive description by attempters and their parents of their family environment. Much of the previous research on the families of young attempters has described an environment that is disengaged and highly conflicted (Abraham, 1977; Cantor, 1976; Smith & Crawford, 1984; Triolo, 1983). In the present study, however, suicide attempters and their parents had the most idealized view of their families. Their perceptions were similar to the perceptions of low ideators on all variables with only one significant difference between groups. Because this survey was conducted up to two years after the suicide attempt, it is possible that the self-destructive act resulted in a change in the family system. Most parents, however, did not report knowledge of their teen's suicide attempt.

Alternatively, it is possibile that the timing and population base of previous research has biased results. Most of these studies have focused upon clinical and/or emergency room populations. There is evidence that only a small number

of adolescent suicide attempters come to medical attention, severely restricting the population base. Further, research that is conducted in emergency rooms, immediately after a suicide attempt, focuses upon a family in crisis when their typical dynamics are in turmoil. There is much confusion and anger as well as a need for someone to blame. A sample drawn from a clinical population is also representative of a family in a time of crisis. Families seek help when their resources have failed them.

A third possibility for the positive description of the attempters and their parents is that the dynamics in these families prohibit a negative view. Case studies which have reported on clinical work with suicide attempters and their families have noted a highly enmeshed system where everyone must think and feel alike. Family members are described as tied together in a "death knot" (Gehrke & Kirschenbaum, 1967; Hendin, 1975) where any form of separation is a threat. Adolescent tasks of separation and individuation are stymied (Richman, 1971; Richman & Rosenbaum, 1970). There is a powerful denial system which prohibits any complaint, or the communication of unhappy thoughts or feelings (Peck, 1982). This explanation is congruent with the observation that youthful attempters have not learned an appropriate means of communication and can't express their needs in a manner that

leads to gratification (Barter et al., 1968; Cantor, 1976). The suicide attempt is seen as a communicative act which is a desperate attempt to effect the important others in the environment (Cohen-Sandler, 1982; Connell, 1972).

The present research provides support for the hypothesis of a denial system in families of attempters. When adolescent and parent responses were compared, adolescent attempters were the only group that described their families more positively than their parents (more communicative and expressive and less authoritarian). Further, the attempters and their parents consistently described their families as lowest on any variable that could be interpreted negatively (conflict, laissez faire parenting style, authoritarian style, external locus of control, psychological control, punitiveness).

The hypothesis of a denial system is also supported by the fact that the majority of parents in this study appeared to be unaware of their adolescent's previous attempts and/or present level of suicidal ideation. Although a number of parents of low ideators reported that their teen might have some suicidal thoughts, few parents of attempters or high ideators predicted their own child's response.

Further support for this theory is provided by Phase II of the present study. During the interview, the behavior of the families of suicide attempters was quite different from their

self-reported descriptions (highlighting the importance of comparing perceptions of insiders and outsiders). The observed extreme restriction of spontaneous conversation, reciprocal interactions and laughter has been described in case studies and clinical work with the families of attempters (Abraham, 1977; Richman, 1971; White, 1974; Williams & Lyons, 1976). Similar interactional patterns have also been delineated as characteristic of a wide variety of dysfunctional family systems (Breunlin, 1986; Haley, 1964).

Given the apparent denial system of attempters and their parents, the present study raises the question of an explanation for the consistently negative descriptions of high ideators and their families. Unlike the families of attempters, the behavior of high ideators and their families during the interview was congruent with their self-reports. Perhaps there was so much stress in these families that any denial system had broken down. It is unlikely, however, that families under such extreme stress would agree to participate in a research study.

Alternatively it is possible that there are (at least) two different dynamics that operate in the families of teens at risk for self-destructive behavior. In the first, adolescents may come from highly conflicted homes where there is a relative lack of warmth and support. These youth may be isolated

individuals with few tools for social interaction, and/or may act out in a self-destructive manner (i.e,. drugs, alcohol, dropping out). In the second dynamic, the family system may be highly enmeshed prohibiting any separation, or the expression of dissatisfaction, or criticism. Because parents interpret a complaint by their child as a statement about their own inadequacies, any communication that indicates failure or insecurity is screened out (Peck, 1982), and children learn not to communicate unhappy thoughts or feelings. Both schools and families are unaware of the youth's distress because he/she behaves as if everything is fine--often participating in school activities and achieving excellent grades. The youth employs a self-destructive act as the only way to communicate their distress.

Lewis and Beavers (1976) have described two similar dynamics in their Timberlawn study. The most dysfunctional systems were described as either extremely disengaged or highly enmeshed. In the disengaged system sociopathic behavior was often seen; in the enmeshed system psychosis and suicide were more common. In both, families were unable to meet developmental needs due to extreme inflexibility, unsatisfying communication and poor interpersonal boundaries.

These treatises highlight the importance of continued research that does not assume there is any one answer to the

problem of youthful attempts at self-destruction. Adolescent suicide and attempted suicide are multi-faceted phenomenons, with no simple explanations, or easy answers. Although both schools and parents are often unaware of a teen's suicidal thoughts, results from this study indicate that it is a concern of a great number of young people. Half of the present sample indicated that they wanted to die at some time in the past, while 40% described suicidal thoughts three times a year. When the adolescents were asked how many had contact with a suicidal friend, 70% to 80% responded affirmatively. The often difficult search for explanations and mitigating factors must be continued. It is hoped that this study represents another step in more systematic research with families of self-destructive youth.

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